CONFIDENTIAL BRIEFING COVER NOTE

Subject: Policy Review of VA/DoD Opioid Guidelines (2017 & 2022)

Date: July 22, 2025

Submitted by: Anonymous Advocate (Ref. FOIA 25-25897-F)

This memo is submitted in good faith for the purpose of non-partisan policy oversight and patient safety review. It is intended as a factual and neutral analysis of procedural issues related to the development and revision of the VA/DoD Clinical Practice Guidelines (CPGs) on opioid therapy.

All findings are:

- **Based on publicly available government documents, FOIA responses, and peer-reviewed research.**
- **Focused on methodological transparency, guideline development processes, and evidence incorporation.**
- **Presented without claims of negligence, misconduct, or intentional wrongdoing by any individual or institution.**

This memo is intended solely as a policy and process review, not a legal allegation. Names of individuals are included only to document roles held at the time relevant to CPG development or oversight. No inference of liability or personal culpability is intended or implied.

We respectfully request that this information be considered by oversight entities such as:

- **The VA Office of Inspector General**
- **The House and Senate Committees on Veterans' Affairs**
- **Relevant VA clinical governance and policy bodies**

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- **Please do not paraphrase the memo in ways that strip out its careful nuance or imply allegations of intent or misconduct.**
- **Any summaries should preserve the neutral and procedural focus of this analysis.**

- **The author assumes no responsibility for unauthorized reinterpretations or representations.**

Attachments:

- **Briefing Memo:** ***VA/DoD Opioid Guideline Evidence Oversight***
- **FOIA Documents: 25-25897-F(1)–(3)**
- **Published supporting references (cited inline)**

Briefing Memo for Congressional Oversight

Subject: Methodological Departures and Patient Safety Gaps in VA/DoD Opioid Guidelines

Prepared by: Anonymous Advocate

Date: 07/22/2025

(This briefing references FOIA Request 25-25897-F and related federal documentation)

Briefing Summary for Congressional Oversight

This briefing outlines serious concerns regarding the development of the VA/DoD Clinical Practice Guidelines (CPG) for opioid therapy (2017 & 2022), including:

- Exclusion of key harms (e.g., dental injury, protracted withdrawal) from evidence reviews;
- Departures from standard GRADE methodology, during a process overseen by individuals with GRADE expertise;
- Limited incorporation of patient safety risks, including suicide concerns following opioid tapering;
- Use of performance metrics in settings with persistent staffing constraints.

Key Findings

- FOIA 25-25897-F indicates structurally limited literature search strategies that omitted known adverse outcomes.
- CPG development continued during a period when internal suicide risk data were emerging and being discussed by leadership.
- No tapering guidance was included, despite direct requests from a patient focus group.
- Performance metrics were implemented in many settings without accounting for clinical workload limitations.
- Several CDC and FDA advisories issued after guideline publication now diverge from core CPG recommendations.

Potential Consequences

- *Oliva et al. (2020):* Certain veteran subpopulations showed up to an 8-fold increase in suicide risk following opioid discontinuation, underscoring the need for individualized tapering approaches.
- *2021 NBER Working Paper:* Analysis suggests a one-third increase in suicide among rural veterans may be associated with the VA's opioid policy framework.

- *2024 VA PBM Guidance:* States that buprenorphine for chronic pain is “not evidence-based” and recommends caution regarding adverse effects.

Call to Action

1. **Request an independent VA OIG investigation.** Submit concerns through the VA OIG Hotline or contact staff at the House Committee on Veterans’ Affairs (HVAC), referencing FOIA Request 25-25897-F and related documentation of methodological departures.

2. **Suspend performance metric enforcement** pending a full safety review.

3. **Require transparent, externally auditable guideline methodology.**

4. **Mandate integration of patient input** into future CPG development.

5. **Reevaluate Recommendation #5** (buprenorphine) in light of evidence limitations and updated safety data.

Missing Patient Safety Data and Deviations from Evidence-Based Standards

During the development of the 2017 VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain, the evidence contractor—ECRI—conducted a literature search that, in apparent departure from standard GRADE methodology, did not appear to include search terms related to several documented adverse effects. These excluded terms included those for dental harms (e.g., "dental," "caries," "tooth"), opioid-induced hyperalgesia, protracted withdrawal syndromes, and endocrine dysfunction. The search protocol was overseen by Dr. James Sall, Director of the VA Evidence-Based Practice Program and a self-identified expert in GRADE methodology.

The 2022 update retained this evidence base and introduced a new recommendation favoring buprenorphine over full opioid agonists, citing its lower overdose risk and “superior safety profile.” However, this conclusion raises important questions: the recommendation may have required further qualification if the literature review had accounted for known adverse effects—such as severe dental deterioration (described in peer-reviewed literature since at least 2013) and protracted withdrawal symptoms, which have been noted in clinical contexts since the early 2000s.

These gaps raise questions about the extent to which the guideline’s risk-benefit analysis accounted for known safety considerations. It remains unclear to what extent these issues were

identified or addressed by Dr. Sall, ethicist Dr. Christopher Spevak, Breakout Group B, or the peer reviewers.

quality of the evidence was low. The body of evidence had some limitations including lack of evidence on the comparative effectiveness of buprenorphine and other full agonist opioids for the management of chronic pain. The benefits of treatment with buprenorphine (e.g., superior safety profile) outweighed the potential harms (e.g., possible overdose in opioid-naïve individuals or when taken in combination with CNS depressants). Patient values and preferences were largely varied. Thus, the Work Group decided upon a *Weak for* recommendation.

Recommendation

5. For patients receiving daily opioids for the treatment of chronic pain, we suggest the use of buprenorphine instead of full agonist opioids due to lower risk of overdose and misuse. **(Weak for | Reviewed, New-added)**

Screenshots from the 2022 VA/DoD Clinical Practice Guideline recommending buprenorphine over full opioid agonists (Recommendation #5), despite omission of key safety data in the underlying evidence review.

Timeline of Key Events: A Pattern of Metrics Over Safety

April 29, 2011 – An Army News Service article highlights the success of the Walter Reed Army Medical Center Warrior Clinic in reducing opioid prescriptions through its pain management program.

March 18, 2012 – The VA publishes a metrics-based enforcement plan. The article, *"Measurement of adherence to clinical practice guidelines for opioid therapy for chronic pain,"* co-authored by VA leaders including Dr. Jack M. Rosenberg, promotes tracking guideline adherence as a performance measure.

> **Noted Limitation:** The authors acknowledge that implementing the guidelines may require "time and resource-intensive practices," which could be difficult in under-resourced facilities.
>
> **System-Level Concern:** No strategy was documented in published guidance to address staffing or capacity constraints, creating pressure to meet metrics that may

exceed available resources. These practices later informed the Opioid Safety Initiative (OSI).

July 2013 – Dr. Christopher Spevak co-authors a case series describing buprenorphine/naloxone as potentially beneficial for phantom limb pain.

June 23, 2014 – In response to the Phoenix VA wait-time scandal, the House Committee on Veterans' Affairs holds a hearing identifying widespread challenges related to data reporting and clinical staffing.

July 2015 – A study by Im et al., involving 487,462 veterans, finds that more frequent follow-up visits after opioid initiation are associated with reduced suicide attempts (OR = 0.2). This was later rated "moderate" quality by the CPG contractor.

Late 2015 – A VA-convened Patient Focus Group submits consistent feedback emphasizing the need for:

- Safe tapering guidance,
- Functional improvement as a treatment goal,
- Full disclosure of medication-related risks.

These priorities were not substantively incorporated into the 2017 guideline:

- Only two very low-quality tapering studies were reviewed.
- Functional outcomes were not prioritized in recommendations.
- The literature search omitted terms related to post-acute withdrawal syndrome (PAWS), dental harm, and endocrine effects.

March 2016 – The CDC issues a voluntary opioid prescribing guideline aimed at promoting safety. However, some healthcare systems adopted rigid thresholds (e.g., 90 MME/day) in ways not intended by the original framework, contributing to challenges with tapering and continuity of care.

Clarification: The CDC later published a NEJM advisory stating the guideline was not intended to support abrupt tapering or inflexible dose limits.

April 5–8, 2016 – The VA/DoD CPG Work Group convenes in person to finalize recommendations. Dr. Christopher Spevak's group (Breakout Group 2) concurs with the

contractor's finding of "insufficient evidence" to support tapering protocols, despite the literature search omitting several known risks relevant to withdrawal and patient safety.

February 2017 – The VA/DoD Clinical Practice Guideline is published. It cites adherence to GRADE methodology but does not include tapering guidance and does not address certain documented adverse effects in its risk-benefit considerations.

February 6, 2018 – During a VA HSR&D Cyberseminar, Dr. Friedhelm Sandbrink (Acting National Director for Pain Management) presents internal data showing elevated suicide risk following opioid discontinuation, especially among veterans with mental health or substance use conditions. He stresses the importance of individualized, cautious tapering.

February 3, 2020 – Peer-reviewed research by Oliva et al. confirms that opioid discontinuation is associated with significantly increased suicide risk in some veteran subpopulations, with the highest reported odds ratio nearing 8.0.

August 2021 – A working paper by Tibbitts & Cowan (NBER) estimates that the Opioid Safety Initiative was associated with an estimated one-third increase in suicide in rural areas.

May 2022 – The updated VA/DoD CPG recommends buprenorphine over full agonist opioids (Recommendation #5), citing lower overdose risk and a more favorable safety profile.

> **Still Unresolved:** The guideline does not include standardized tapering protocols. The recommendation may lead to unintended patient transitions and does not fully account for known buprenorphine-related risks.

January 21, 2022 – The FDA issues a safety communication warning that buprenorphine products dissolved in the mouth may cause serious dental issues.

2023 – The Heritage Foundation's Project 2025 proposes increasing VHA provider quotas to 19 patients per day to align with DoD throughput, potentially raising concerns about clinician capacity to deliver individualized care.

March 2024 – VA Pharmacy Benefits Management (PBM) issues guidance stating that the use of buprenorphine for chronic pain is not evidence-based and recommends only rinsing with water to mitigate oral side effects.

June 2, 2025 – FOIA Request 25-25897-F is submitted, seeking documentation related to CPG development and evidence methodology.

June 26, 2025 – The VHA FOIA Office responds with a partial denial and releases 578 pages, many of which are redacted.

July 2025 – Review of FOIA records (25-25897-F(3), pp. 46–61) indicates that the evidence contractor's search strategy did not incorporate terms for:

- Dental harm (e.g., "dental," "caries," "tooth"),
- Opioid-induced hyperalgesia,
- Protracted withdrawal syndromes,
- Endocrine disruption.

This omission may be inconsistent with GRADE standards and may help explain why some patient safety considerations were underrepresented in the final guideline.

July 2025 – A formal request for review is filed with the VA Office of Inspector General.

July 16, 2025 – The VA Office of General Counsel acknowledges receipt but provides no estimated timeline for response.

According to Dr. Games Sall, Director of Evidence Based Practice within the VHA Office of Quality and Patient Safety, the Lewin Group served as CPG development contractor during the date range you provided. Dr. Sall conveyed the following additional remarks: "Our subject matter experts from within VHA and DOD had sole responsibility for the development of the guideline recommendations. The SMEs used the information from our systematic evidence review and our patient focus group to develop the guideline recommendations."

Excerpt from FOIA Request 25-25897-F Initial Agency Decision (June 26, 2025), confirming that Dr. James Sall, Director of the VA's Evidence-Based Practice Program, oversaw the guideline development process. This document identifies individuals involved in the evidence review process during which key patient safety harms were not incorporated.

Appendix A: Literature Search Methods

Resources Searched

ECRI Institute information specialists searched the following databases for relevant information. Search terms and strategies for the bibliographic databases appear below.

Name	Search Dates	Platform/Provider
Agency for Healthcare Research and Quality (AHRQ)	Searched November 23, 2015	U.S. Department of Health & Human Services
Centers for Disease Control and Prevention (CDC)	Searched November 30, 2015	www.cdc.gov
Cochrane Library	Searched November 5, 2015	John Wiley & Sons, Ltd.
EMBASE (Excerpta Medica)	January 1, 2009 on	
Google	Searched November 23, 2015	www.google.com
Healthcare Standards (HCS)	Searched November 30, 2015	ECRI Institute
Medline	January 1, 2009 on	OVID Technologies, Inc.
National Guideline Clearinghouse (NGC)	Searched November 30, 2015	Agency for Healthcare Research and Quality (AHRQ)
National Institute for Health and Care Excellence (NICE)	Searched November 23, 2015	National Institute for Health and Care Excellence
PsycINFO	January 1, 2009 on	OVID Technologies, Inc.
PubMed (In-process, Publisher, and PubMedNotMeSH records)	Searched October 22, 2015 and January 11, 2016	National Library of Medicine (NLM)

Hand Searches of Journal and Gray Literature

Journals and supplements maintained in ECRI Institute's collections were routinely reviewed. Nonjournal publications and conference proceedings from professional organizations, private agencies, and government agencies were also screened. Other mechanisms used to retrieve additional relevant information included feedback and recommendations from work group members and review of bibliographies/reference lists from peer-reviewed and gray literature. (Gray literature consists of reports, studies, articles, and monographs produced by federal and local government agencies, private organizations, educational facilities, consulting firms, and corporations. These documents do not appear in the peer-reviewed journal literature.)

Topic-specific Search Terms

The vocabulary presented in this table includes controlled vocabulary and free-text keywords for bibliographic database searches performed in EMBASE, Medline, and PsycINFO. Strategies for selected databases follow this table.

EMTREE, Medical Subject Headings (MeSH), PsycINFO, and Keywords

The strategies below are presented in Embase.com and OVID syntaxes. Embase.com was used to search for EMBASE (EMTREE) and Medline records. OVID was used to search PsycINFO.

Specific search strings were used to capture studies based on the key questions identified by the COT working group. Unique strategies were structured for each concept addressed by the key questions. These search results were further refined to capture specific study designs, publication types, date ranges, English language studies, and to exclude out-of-scope citations.

Topic-specific Search Terms

Concept	Controlled Vocabulary	Keywords/PubMed Concepts
Patient Population		
Chronic Pain	**EMBASE** 'chronic disease'/exp 'chronic inflammatory pain'/exp 'chronic pain' 'pain'/exp **MeSH** exp chronic disease/ exp pain/ **PsycINFO** Exp chronic illness/ exp chronic pain/ exp pain/	chronic Chronic adj3 pain* Chronic NEXT/3 pain* Long?term NEXT/3 pain* months pain weeks year*
Chronic Opioid Use	**EMBASE** 'analgesic agent'/exp 'codeine'/de 'drug therapy'/lnk 'fentanyl'/de 'morphine'/de 'narcotic agent'/exp 'narcotics'/exp 'narcotic drugs'/exp 'opiate'/de 'opiates'/exp **MeSH** Chronic pain/drug therapy exp analgesics, opioids exp narcotics **PsycINFO** exp analgesic drugs exp narcotics	Analgesic* COT 'chronic NEXT/1 opi* NEXT/1 therapy' 'chronic opi* therapy' codeine Fentanyl heroin Hydrocodone Hydromorphone Long?term Methadone months morphine narcotic* Opi* Oxycodone Oxycontin

Concept	Controlled Vocabulary	Keywords/PubMed Concepts
	exp narcotic drugs exp opiates	Oxymorphone percocet Tapentadol Tramadol Vicodin weeks Year*
KQ1 **Contraindications** What is the evidence that the following medical or mental health conditions are absolute or relative contraindications of prescribing COT? • Active pursuit of compensation • Centralized pain conditions such as fibromyalgia • Chronic obstructive pulmonary disease • Cognitive impairment • Depression • Headache • GI motility problems (e.g., toxic megacolon, GI pain syndromes, narcotic bowel syndrome) • Immune status changes • Inability to participate in comprehensive treatment plan • Incarceration (history of) • Hepatic, renal, or pulmonary disease • Suspected opioid misuse (e.g., overdose, early refills, diversion, taking more than prescribed) • Osteoporosis • Personality disorders • Posttraumatic stress disorder • Sleep disorders • SUD (current or history of)—include specific disorders and appropriate key words in search • Suicidality • Traumatic brain injury • Use of medical marijuana • QT prolongation	**EMBASE** 'drug contraindication'/exp 'drug interaction'/exp 'drug safety'/exp **MeSH** analgesics, opioid/contraindications Polypharmacy/ **PsycINFO** Drug interactions/ Polypharmacy/ Safety/	Cardiovascular CNS COPD Compensation* Contraindication* depression Fibromyalgia gastrointestinal Headache* Heart immune Liver Lung Obstructive Osteoporosis (personality or cognitive or mental or neuro*) adj3 (disorder* or disease* or illness*)) Post?traumatic stress PTSD Respiratory Sleep Substance adj2 (abuse OR misuse) Substance use disorder SUD Suicide suicidality TBI Traumatic brain

Concept	Controlled Vocabulary	Keywords/PubMed Concepts
KQ2 **Risk factors for the continuum of misuse or OUD** What factors increase the risk of developing misuse or OUD when considering COT?	**EMBASE** 'analgesic agent abuse'/exp 'bullying'/exp 'opiate addiction'/exp 'opioid-related disorders'/exp 'risk'/exp 'sexual abuse'/exp **MeSH** 'bullying'/ 'domestic violence'/exp 'risk assessment'/exp 'substance-related disorders'/exp **PsycINFO** Exp addiction/ Exp at risk populations/ Exp codependency/ Exp drug abuse/ Exp drug addiction/ Exp drug overdoses/ Exp illegal drug distribution/ Exp risk assessment/ Exp risk factors Exp risk perception/	Abuse Addict* Assess* Bully Bullying dependency Disorder* Overdose* Predict* Risk* violence
KQ3 AND KQ4 **Effectiveness of COT** What is the comparative effectiveness of COT versus other treatment modalities? a. What is the comparative effectiveness of COT versus other treatment modalities for patients with a history of or current SUD? **Safety of COT** What is the safety of COT versus other treatment modalities? a. What is the safety of COT versus other treatment modalities for patients with a history of or current SUD?	**EMBASE** 'adverse drug events'/exp 'adverse drug reaction'/exp 'adverse drug reaction'/lnk 'patient safety'/exp 'prescription drugs'/exp 'side effect'/lnk 'side effect'/de 'treatment outcome'/de **MeSH** 'analgesics, opioid'/*adverse effects 'prescription drugs'/adverse effects 'quality of life' 'risk' 'side effect'/de 'treatment outcome' **PsycINFO** *quality of life/	Aberrant NEXT/3 behavior* Absence absent Abuse Accident* 'ade' Addict* adverse 'adverse drug events' Adverse NEXT/1 effect* Anxiety cardiac cardiovascular cognitive complication depression Diversion effective

Concept	Controlled Vocabulary	Keywords/PubMed Concepts
	"side effects (drug)"/ *treatment outcomes/ Drug overdose/*prevention & control	effectiveness Fall Falls Misuse Mood Outcome* Overdose 'pain relief' Pain NEXT/2 relief Pain NEXT/3 reliev* 'quality of life' QOL Safety 'side effect*' Sleep s
KQ5 **Effectiveness of different opioid formulations** What is the comparative effectiveness and safety of various opioid formulations? a. Immediate-release/short-acting opioids compared to extended-release/long-acting opioids b. Route of administration/ delivery alternatives such as transdermal, buccal, sublingual, pumps c. Abuse deterrent formulations compared to non-abuse deterrent formulations d. Tramadol and other dual-mechanism opioids e. Buprenorphine f. Methadone	**EMBASE** 'short acting analgesic agent'/exp **MeSH** 'analgesics, short-acting' **PsycINFO** *drug therapy	Abuse-deterrent controlled 'controlled release' extended 'extended release' Formulation immediate 'immediate release' LA 'long?acting' Medication Medicine Pill* Prescription* SA 'short?acting' (short* OR long* OR immediate OR extended OR controlled OR sustained AND (release* OR act*)) Sustained
KQ6 **Added benzodiazepines** Does additional use of benzodiazepines or other psychoactive medications increase the risk of adverse events compared to opioid therapy alone?	**EMBASE** 'antidepressant agent'/exp 'benzodiazepine' 'benzodiazepine derivative'/exp 'hypnotic sedative agent'/exp 'narcotic analgesic agent'/exp	Ambien 'anti depressant' Antidepressant* Anti-depressant' Benzodiazepine* 'eszopiclone'

Concept	Controlled Vocabulary	Keywords/PubMed Concepts
	'non prescription drug' 'prescription drug' **MeSH** 'patient safety' 'polypharmacy'/exp 'safety' **PsycINFO** exp analgesic drugs/ Exp anesthetic drugs/ Exp anticonvulsive drugs/ Exp antidepressant drugs/ Exp antiemetic drugs/ Exp antihistaminic drugs/ Exp antihypertensive drugs/ exp benzodiazepines/ exp cns depressant drugs/ drug therapy/sh *hypnotic drugs/ Insomnia.id. Major depression.id. Exp polypharmacy/ Schizophrenia.id. Exp sedatives/ Exp self medication/	Hypnotic* lunesta OTC 'over-the-counter' 'over the counter' prescription* polypharmacy psychoactive* sonata stimulant* 'z drug' 'z drugs' 'zaleplon' 'zolpidem'
KQ7 **Risk mitigation strategies** What is the comparative effectiveness of different risk mitigation strategies for patients either on COT or being considered for COT? a. Does this differ for patients with history of or current SUD? b. Does this differ for patients with mental health comorbidities? c. Does this differ for patients with medical comorbidities?	**EMBASE** 'opiate addiction'/exp 'patient education'/exp 'prescription drug diversion'/exp 'risk reduction'/exp 'substance abuse'/exp 'urinalysis'/exp **MeSH** 'contracts' 'drug monitoring' exp 'patient compliance'/ exp 'risk'/ **PsycINFO** exp addiction/ Exp client education/ exp drug abuse/ drug abuse.sh. exp drug addiction/	Abuse Addict* agreement 'call back' Call-back Compliance comply consent contract database diversion divert doctor Detect* Diversion Divert Misuse Monitor*

Concept	Controlled Vocabulary	Keywords/PubMed Concepts
	opiates.id. exp monitoring/ exp patient compliance/ Exp prescription drugs/ Exp risk assessment/ Exp risk evaluation and mitigation strategy/ Exp risk perception/ Exp treatment compliance/	Naloxone NEXT/2 rescue office Pill NEXT/2 count physician primary Query Recall Risk* Screen* surveillance Test* Urin*
KQ8 **Treatment of OUD** What is the safety and effectiveness of treatment of OUD (diagnosed or suspected) in patients with chronic pain? a. Do outcomes vary by severity of OUD?	**EMBASE** 'acceptance and commitment therapy'/exp 'addiction'/exp 'analgesic agent abuse'/exp 'cognitive therapy'/exp 'drug abuse'/exp 'drug dependence'/exp 'narcotic analgesic agent'/exp 'narcotic dependence'/exp 'opiates'/exp 'opiate addiction'/exp 'psychotherapy'/exp 'support group'/exp **MeSH** 'analgesics, opioid'/exp 'cognitive therapy'/exp 'counseling'/exp 'motivational interviewing'/ 'narcotics'/exp 'substance abuse detection'/exp 'substance-related disorders'/exp **PsycINFO** exp addiction/ Exp adjunctive treatment/ Exp cognitive therapy/ Exp counseling/ exp drug abuse/ drug abuse.sh. exp drug addiction/ exp drug dependence/	aberrant Abuse Addict* Behavioral buprenorphine Cognitive Contingency 'contingency management' Counsel* counseling drug interview* methadone misuse motivation* naltrexone therapy treat* treatment

Concept	Controlled Vocabulary	Keywords/PubMed Concepts
	electrosleep treatment/ exp motivational interviewing/ exp opiates/ opiates.id. Exp prescription drugs/ Exp psychotherapy/ Exp support group/ Exp treatment/ Exp treatment compliance/ Exp treatment effectiveness evaluation/ Exp treatment outcomes/	
KQ9 **Tapering** What is the safety and effectiveness of different tapering strategies and schedules?	**EMBASE** 'analgesia'/exp 'clinical protocol'/exp 'dose response'/exp 'drug administration'.exp 'drug therapy'/lnk 'pain management'/exp **MeSH** 'clinical protocols'/exp 'drug administration schedule'/exp **PsycINFO** exp analgesic drugs/ Exp drug dosages/ Exp pain management/	Adjust* administration Decrease* Dose Dosing plan protocol Reduc* Schedule Strategy strategies Taper* Titrat*

EMBASE Conventions:

* (within or following a term) = truncation character (wildcard)

:ab = limit to abstract

:ab,ti = limit to abstract and title

NEAR/n = search terms within a specified number (*n*) of words from each other in any order

/exp = "explodes" controlled vocabulary term (e.g., expands search to all more specific related terms in the vocabulary's hierarchy)

:it. = limit to publication type

:ti. = limit to title

EMBASE/Medline Search Strategies conducted using Embase.com Syntax

Set #	Concept	Search Statement
1	Chronic pain	'chronic pain'/exp OR (chronic OR 'long term') NEXT/2 pain*
2		'chronic inflammatory pain'/de OR (chronic NEXT/3 pain*):ab,ti.
3	Combine sets for chronic pain	1 OR 2
4	COT	'narcotics'/exp OR 'narcotic agent'/exp OR 'analgesia'/exp OR 'narcotic analgesic agent'/exp OR 'opiate'/de
5		opioid* OR opiod* OR opiate* OR oposal OR opon OR narcotic*
6		'morphine'/de OR 'codeine'/de OR 'fentanyl'/de
7		Oxymorphone OR tapentadol OR methadone OR fentanyl OR hydrocodone OR oxycodone OR codeine OR morphine OR hydromorphone OR tramadol
8		'pain'/exp AND 'drug therapy'/lnk AND opi*
9	Combine sets for opioids	4 OR 5 OR 6 OR 7 OR 8
10	Combine with chronic	9 AND (chronic:ti OR 'cot':ti OR chronic NEXT/1 opi* NEXT/1 therapy OR longterm:ti OR 'long term':ti OR months:ab,ti OR year*:ab,ti)
11	Combine chronic pain with COT	3 AND 10
12	Contraindications (KQ1)	'drug contraindication'/exp OR 'drug interaction'/exp OR 'drug safety'/exp OR 'analgesics, opioid/contraindicaitons'
13		Compensation* OR contraindication* OR copd OR cardiovascular OR respiratory OR 'chronic obstructive' OR lung OR fibromyalgia OR headache* OR heart OR liver OR sleep OR osteoporosis OR cns OR immune OR gastrointestinal OR medic* NEAR/1 marijuana OR 'post-traumatic stress' OR ptsd OR 'traumatic brain' OR tbi OR 'substance use disorder' OR sud OR depression OR suicide OR suicidality OR (personality OR cognitive OR mental OR neuro*) NEXT/3 (disorder* OR disease* OR illness*)
14	Combine contraindications	12 OR 13
15	Combine contraindications with chronic pain and COT	11 AND 14
16	Risk of misuse (KQ2)	('opiate addiction'/exp OR 'analgesic agent abuse'/exp OR 'opioid-related disorders'/exp) AND ('risk'/exp OR risk*:ab,ti)
17		'risk'/exp OR (risk* AND (predict* OR assess*))
18		(opi* OR narcotic* OR hydrocodone OR vicodin OR oxycodone OR oxycontin OR percocet OR heroin OR methadone OR morphine OR codeine OR analgesic*) NEXT/2 (addict* OR abuse OR misuse OR disorder OR diversion)
19	History of abuse	'domestic violence'/exp OR 'sexual abuse'/exp OR 'bullying'/exp OR bully OR bullying OR (domestic OR spous* OR child* AND (abuse OR violence))
20	Risk of opioid addiction	17 AND (18 OR 19)
21	Combine risk sets	16 OR 20
22	Combine risk of misuse with chronic pain and COT	11 AND 21
23	Effectiveness and Safety of COT (KQs 3 and 4)	'adverse drug events' OR 'ade' OR overdose OR diversion OR misuse OR addict* OR abuse OR adverse NEXT/1 event OR adverse NEXT/1 effect* OR accident* OR absence OR absent OR falls OR fall OR depression OR anxiety OR mood OR sleep OR aberrant NEXT/3 behavior* OR complication* OR cardiovascular OR cardiac OR cognitive

Set #	Concept	Search Statement
24		'quality of life'/exp OR 'quality of life' OR qol OR pain NEXT/2 relief OR pain NEXT/2 reliev* OR 'pain relief'
25		'prescription drugs'/exp AND ('adverse drug reaction'/lnk OR 'side effect'/lnk)
26		'treatment outcome'/de OR 'side effect'/de OR 'adverse drug reaction'/exp OR 'patient safety'/exp OR safety OR effectiveness OR effective OR outcome*
27	Combine sets for safety	23 OR 24 OR 25 OR 26
28	Combine with chronic pain and COT	11 AND 27
29	Formulations (KQ5)	'narcotics'/exp OR 'narcotic agent'/exp OR 'analgesia'/exp OR 'narcotic analgesic agent'/exp OR 'opiate'/de
30		opioid* OR opiod* OR opiate* OR oposal OR opon OR narcotic* OR oxymorphone OR tapentadol OR methadone OR fentanyl OR hydrocodone OR oxycodone OR codeine OR morphine OR hydromorphone OR tramadol
31		'morphine'/de OR 'codeine'/de OR 'fentanyl'/de
32		'pain'/exp AND 'drug therapy'/lnk AND opi*
33	Combine sets for opioids	29 OR 30 OR 31 OR 32
34		'immediate release' OR 'extended release' OR 'short acting' OR shortacting OR sa OR 'long acting' OR longacting OR la OR 'controlled release' OR (short* OR long* OR immediate OR extended OR controlled OR sustained AND (release* OR act*)) OR 'short acting analgesic agent'/exp OR (abuse-deterrant AND formula*)
35		33 AND 34
36		'opiate'/exp OR 'narcotics'/exp OR 'narcotic agent'/exp OR 'analgesia'/exp OR 'narcotic analgesic agent'/exp OR 'opiate'/de OR morphine OR oxycodone OR oxymorphone OR opi* AND (controlled OR sustained OR extended)
37	Opioid formulations	35 OR 36
38	Combine with chronic pain and COT	11 AND 37
39	Added benzodiazepines (KQ6)	'benzodiazepine derivative'/exp OR 'benzodiazepine' OR benzodiazepine* OR 'antidepressant agent'/exp OR 'hypnotic sedative agent'/exp OR 'narcotic analgesic agent'/exp OR 'benzodiazepine derivative'/exp OR 'zolpidem'/exp OR 'zaleplon'/exp OR 'eszopiclone'/exp
40		'zolpidem' OR 'zaleplon' OR 'eszopiclone' OR ambien OR lunesta OR sonata OR benzodiazepine* OR antidepressant* OR 'anti-depressant' OR 'anti depressant' OR stimulant* OR 'z drug' OR 'z drugs' OR hypnotic* OR psychoactive*
41		prescription* AND (otc OR 'over the counter') AND (multiple* OR added OR additional OR several OR concomitant)
42		'prescription drug'/exp AND 'non prescription drug'/exp OR 'polypharmacy'/exp
43	Combine medicine sets	38 OR 39 OR 40 OR 41
44		'treatment outcome'/de OR 'side effect'/de OR 'adverse drug reaction'/exp OR 'patient safety'/exp OR safety OR effectiveness OR effective OR outcome*
45	Combine with outcomes	42 AND 43
46	Combine with chronic pain and COT	11 AND 45

Set #	Concept	Search Statement
47	Risk mitigation for addiction (KQ7)	'opiate addiction'/exp OR 'substance abuse'/exp OR 'drug monitoring'/exp OR 'prescription drug diversion'/exp OR ((addict* OR abuse OR misuse OR diversion OR divert) AND (opi* OR oxymorphone OR tapentadol OR methadone OR fentanyl OR hydrocodone OR oxycodone OR codeine OR morphine OR hydromorphone OR tramadol))
48		urin* NEXT/7 (screen* OR test* OR detect* OR anal* OR monitor*) OR 'urinalysis'/exp
49		pill NEXT/2 count OR 'call back' OR database OR query OR compliance OR contract* OR agreement OR consent OR recall OR surveillance OR call-back OR monitor* OR naloxone NEXT/2 rescue
50		'patient compliance'/exp OR (patient:ab,ti AND (compliance:ab,ti OR comply:ab,ti))
51		'patient education'/exp OR patient NEXT/3 (aware* OR educat*)
52		(office OR doctor OR primary) NEXT/3 (visit* OR appointment* OR check*)
53		'contracts'/exp OR opi* NEXT/5 (contract OR contracts OR agreement)
54		Risk* NEXT/7 (mitigate* OR reduc*) OR 'risk'/exp OR 'risk reduction'/exp OR 'risk evaluation and mitigation strategy'
55	Combine risk mitigation strategies	47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54
56	Combine with chronic pain and COT	11 AND 55
57	Treatment of OUD (KQ8)	addict* OR abuse OR misuse OR disorder AND (opi* OR oxymorphone OR tapentadol OR methadone OR fentanyl OR hydrocodone OR oxycodone OR codeine OR morphine OR hydromorphone OR tramadol) OR 'opiate use disorder'
58		'opiate addiction'/exp OR 'analgesic agent abuse'/exp OR ('drug abuse'/exp OR 'drug dependence'/exp OR 'narcotic dependence'/exp OR 'addiction'/exp OR aberrant:ti OR aberrant:ab AND ('narcotic analgesic agent'/exp OR 'opiates'/exp OR opioid* OR oxymorphone OR tapentadol OR methadone OR fentanyl OR hydrocodone OR oxycodone OR codeine OR morphine OR hydromorphone OR tramadol OR analgesic*))
59		'psychotherapy'/exp OR 'cognitive therapy'/exp OR 'counseling'/exp OR 'acceptance and commitment therapy'/exp OR 'support group'/exp OR 'motivational interviewing'/exp
60		counsel OR counseling OR (cognitive OR contingency OR drug OR behavioral OR motivational) NEAR/2 (counseling OR therapy) OR 'contingency management' OR motivation* NEAR/1 interview* OR buprenorphine OR naloxone OR methadone
61	Combine opioid addiction set	57 OR 58
62	Combine counsel set	59 OR 60
63	Combine with chronic pain and COT	11 AND 61 AND 62
64	Tapering (KQ9)	'pain management'/exp OR 'analgesia'/exp AND ('drug administration'/exp OR 'clinical protocol'/exp)
65		'dose response'/exp OR ((dose OR dosing) AND (protocol* OR administration OR plan* OR schedule* OR strategy OR strategies))

Set #	Concept	Search Statement
66		(taper* OR decrease* OR reduc* OR adjust* OR titrat* OR dosing OR dose*) AND (protocol* OR administration OR plan* OR schedule* OR strategy OR strategies)
67	Combine tapering sets	64 OR 65 OR 66
68	Combine with chronic pain and COT	11 AND 67
69	Combine all final sets	15 OR 22 OR 28 OR 38 OR 46 OR 56 OR 63 OR 68
70	Apply limits	69 AND [2009-2016]/py AND [English]/lim AND [humans]/lim
71	Apply unwanted publication types	70 NOT ('conference abstract'/it OR 'conference paper'/it OR 'editorial'/it OR 'letter'/it OR 'note'/it OR 'short survey'/it)
72	Apply trials hedge	71 AND (random*:ab,ti OR trial* OR control* OR cohort OR compar*:ab,ti OR prospective OR retrospective OR series OR review* OR study OR studies OR method* OR analysis OR systematic*:ab,ti)
73		71 AND ('clinical trial'/exp OR 'clinical trial (topic)'/exp OR 'longitudinal study'/exp OR 'major clinical study'/exp OR 'prospective study'/exp OR 'retrospective study'/exp OR 'controlled clinical trial'/exp OR 'controlled clinical trial (topic)'/exp OR 'randomized controlled trial'/exp OR 'randomized controlled trial'/de OR 'comparative study'/exp OR 'methodology'/exp)
74		71 AND ('meta analysis'/de OR 'meta analysis (topic)'/exp OR 'meta analysis'/exp OR 'outcomes research'/exp OR 'systematic review'/exp OR 'systematic review (topic)'/exp OR 'systematic review'/de OR 'meta? analysis':ab,ti OR 'systematic review':ab,ti)
75	Combine	72 OR 73 OR 74

OVID Conventions:

* (within or following a term) = truncation character (wildcard)

.ab. = limit to abstract

ADJn = search terms within a specified number (*n*) of words from each other in any order

exp/ = "explodes" controlled vocabulary term (e.g., expands search to all more specific related terms in the vocabulary's hierarchy)

.mp. = combined search fields (default if no fields are specified)

.pt. = publication type

.ti. = limit to title

.ti,ab. = limit to title and abstract fields

PsycINFO Search Strategies Presented in OVID Syntax

Set #	Concept	Search Statement
1	Chronic pain	*exp chronic pain/ OR (exp pain/ AND (chronic OR long?term)) OR (exp chronic illness/ AND pain?)
2		Chronic adj3 pain?.ti,ab.
3	Combine	1 OR 2
4	COT	exp analgesic drugs/ or exp narcotics/ or exp narcotic drugs/ or exp opiates/

Set #	Concept	Search Statement
5		(opioid* or opiod* or opiate* or oposal or opon or narcotic*).mp. OR (morphine or codeine or fentanyl).mp.
6		(Oxymorphone or tapentadol or methadone or fentanyl or hydrocodone or oxycodone or codeine or morphine or hydromorphone or tramadol).mp.
7	Combine	4 OR 5 OR 6
8	Combine chronic pain and COT	3 AND 7
9	Contraindicaitons (KQ1)	(Contraindication or COPD or cardiovascular or respiratory or obstructive or lung or fibromyalgia or headache or heart or liver or sleep or osteoporosis or CNS or immune or gastrointestinal).mp.
10		(medic* adj1 marijuana).mp. or ("post?traumatic stress" or PTSD).mp. or traumatic brain.mp. or TBI.ti,ab. or (substance adj2 abuse).mp. or (substance adj2 misuse).mp. or (depression or suicide or suicidality).mp. or ((personality or cognitive or mental or neuro*) adj3 (disorder* or disease* or illness*)).mp.
11		9 OR 10
12	Workers compensation	exp litigation/ or exp workers' compensation insurance/ or lawsuit.mp. or litigation.mp. exp insurance/ or insurance claim.mp. or exp disability evaluation/ or exp malingering/ or malingering.mp.
13		(worker adj2 compensation).mp. or litigation.ti. or lawsuit.ti. or claim*.ti. or disability*.ti. or compensation.ti. or malinger*.ti.
14	combine	11 OR 12 OR 13
15	Combine with chronic pain and COT	8 AND 14
16	Risk of misuse (KQ2)	Exp drug abuse/ or exp addiction/ or exp codependency/ or exp drug addiction/ or exp drug overdoses/ or exp illegal drug distribution/
17		16 AND (opi* or narcotic* or hydrocodone or vicodin or oxycodone or oxycontin or percocet or heroin or methadone or morphine or codeine or analgesic*).mp.
18		((opi* or narcotic* or hydrocodone or vicodin or oxycodone or oxycontin or percocet or heroin or methadone or morphine or codeine or analgesic*) adj2 (addict* or abuse or misuse or disorder* or diversion)).mp.
19		Risk*.mp. or exp risk assessment/ or exp risk perception/ or exp at risk populations/ or exp risk factors/
20		17 OR 18
21	Combine risk and abuse	19 AND 20
22	Combine with chronic pain and COT	8 AND 21
23	Effectiveness and Safety of COT (KQs 3 and 4)	exp "Side Effects (Drug)"/ or exp "side effects (treatment)"/ or exp "complications (disorders)"/
24		exp Suicide/ or exp Major Depression/ or exp Attempted Suicide/ or exp Drug Abuse/ or exp Drug Overdoses/ or exp Drug Addiction/ or exp Safety/ or overdose.mp. or adverse events.mp. or drug addiction.mp.
25		Exp pain management/ or (pain adj2 (reliev* or relief)) or exp Quality of Life/ or quality of life.mp. or exp treatment outcomes/ or outcomes.mp.
26		((adverse adj1 event*) or (adverse adj1 effect*) or (aberrant adj3 behavior*)).mp. or (overdose* or diversion or addict* or abuse or accident* or complication* or absence or absent or falls or fall or depression or anxiety or mood or sleep or cardiovascular or cardiac or cognitive).ab,ti.

Set #	Concept	Search Statement
27		((work or occupation* or job) adj3 (injur* or accident or absence or performance)).mp. or exp safety/ or exp occupational safety/ or exp accidents/ or exp job performance/ or exp employee absenteeism/ or exp cognitive processes/ OR exp cognitive impairment/
28		exp driving behavior/ or exp drivers/ or exp risk taking/ or exp risk perception/ or exp highway safety/ or exp motor traffic accidents/ or exp motor vehicles/ or exp transportation accidents/ or exp motor traffic accidents/ or (accident* or crash or collison or wreck).mp. or ((drive or driving or car* or traffic or vehicle*) and (safe* or accident* or crash* or wreck* or impair* or risk* or collison*)).mp.
29	Combine	23 OR 24 OR 25 OR 26 OR 27 OR 28
30	Combine with COT	7 AND 29
31	Formulations (KQ5)	(*drug therapy/ or (prescription* or medication or medicine or pill*).mp. AND opi*
32		'immediate release' OR 'extended release' OR 'short acting' OR shortacting OR sa OR 'long acting' OR longacting OR la OR 'controlled release' OR (short* OR long* OR immediate OR extended OR controlled OR sustained AND (release* OR act*)).mp.
33		(formulation* or short?act* or long?act* or immediate or extended or controlled or sustained or abuse-deterrent or (abuse adj1 deterrent)).mp.
34		(opiate* or opioid).ti. and (formulation* or short?act* or long?act* or immediate or extended or controlled or sustained).mp.
35	Combine	(31 AND (32 OR 33)) OR 34
36	Combine with COT	7 AND 35
37	Added benzodiazepines (KQ6)	benzodiazepine*.mp. or exp benzodiazepines/
38		*hypnotic drugs/ or exp analgesic drugs/ or exp anesthetic drugs/ or exp anticonvulsive drugs/ or exp antiemetic drugs/ or exp antihistaminic drugs/ or exp antihypertensive drugs/ or exp benzodiazepines/ or exp cns depressant drugs/ or exp sedatives/ or exp antidepressant drugs/ or exp nonprescription drugs/ or exp self medication/ or exp prescription drugs/ or exp polypharmacy/
39		(insomnia or chronic pain or schizophrenia or major depression).id. and drug therapy.sh.
40		(zolpidem or zaleplon or eszopiclone or ambien or lunesta or sonata or benzodiazepine* or antidepressant* or anti-depressant* or stimulant* or 'z drug' or 'z drugs' or hypnotic* or psychoactive*).mp.
41		(over-the-counter or 'over the counter' or OTC).mp or (prescription* or prescribed).ab,ti. Or polypharmacy.mp.
42		((medication* or medicine) and (multiple or concomitant or several)).mp.
43	Combine	37 OR 38 OR 39 OR 40 OR 41 OR 42
44	Combine with chronic pain and COT	8 AND 43
45	Risk mitigation for addiction (KQ7)	exp opiates/ or exp drug addiction/ or exp prescription drugs/ or exp drug abuse/ or exp addiction/ OR (opiates.id and drug abuse.sh.)
46		((addict* OR abuse OR misuse OR diversion OR divert) AND (opi* OR oxymorphone OR tapentadol OR methadone OR fentanyl OR hydrocodone OR oxycodone OR codeine OR morphine OR hydromorphone OR tramadol)).mp.
47	Combine opiate addiction or misuse	45 OR 46

Set #	Concept	Search Statement
48	Mitigation strategies	urin* adj7 (screen* OR test* OR detect* OR anal* OR monitor*) OR exp urinalysis/ or exp drug usage screening/
49		Count OR 'call back' OR database OR query OR compliance OR contract* OR agreement OR consent OR recall OR surveillance OR call-back OR monitor* OR ('pill count' OR pill count).mp.
50		(naloxone adj2 rescue).mp.
51		'patient compliance'/exp OR (patient:ab,ti AND (compliance:ab,ti OR comply:ab,ti))
52		Exp treatment compliance/ or (patient and (compliance or comply)).ab,ti.
53		((office OR doctor OR primary) adj3 (visit* OR appointment* OR check*)).mp. OR (exp opiates/ AND exp monitoring/)
54		Exp client education/ or patient education.mp. OR patient NEXT/3 (aware* OR educat*)
55		(opi* adj5 (contract OR contracts OR agreement)).mp.
56	Combine mitigation strategies	48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 55
57	Risk	Exp risk assessment/ or exp risk perception/ or (risk* adj7 (mitigate* OR reduc*)).mp. or (risk evaluation and mitigation strategy).mp.
58	Combine addiction, mitigation, and risk	47 AND 56 AND 57
59	Combine addiction, mitigation, and risk with COT	7 AND 58
60	Treatment of OUD (KQ8)	((addict* OR abuse OR misuse OR diversion OR divert) AND (opi* OR oxymorphone OR tapentadol OR methadone OR fentanyl OR hydrocodone OR oxycodone OR codeine OR morphine OR hydromorphone OR tramadol)).mp.
61	Opiate addiction or misuse	exp opiates/ or exp drug addiction/ or exp prescription drugs/ or exp drug abuse/ or exp addiction/ OR (opiates.id and drug abuse.sh.)
62		(exp drug abuse/ or exp drug dependence/ or exp drug addiction/ or aberrant.ti. or aberrant.ab.) and (exp opiates/ or opioid*.mp. or oxymorphone.mp. or tapentadol.mp. or methadone.mp. or fentanyl.mp. or hydrocodone.mp. or oxycodone.mp. or codeine.mp. or morphine.mp. or hydromorphone.mp. or tramadol.mp. or analgesic*.mp.)
63	Counseling	Exp psychotherapy/ OR exp cognitive therapy/ OR exp counseling/ OR exp support group/ OR exp motivational interviewing/ exp Adjunctive Treatment/ or exp Treatment Compliance/ or exp Treatment/ or exp Treatment Effectiveness Evaluation/ or (treat or treatment or therap* or counsel*s).ab,ti.
64		counsel OR counseling OR ((cognitive OR contingency OR drug OR behavioral OR motivational) adj2 (counseling OR therapy)) OR motivation* adj1 interview* OR (buprenorphine OR naloxone OR naltrexone OR methadone) OR contingency management.mp.
65	Combine addiction	60 OR 61 OR 62
66	Combine counseling	63 OR 64
67	Combine COT and addiction and counseling	7 AND 65 AND 66
68	Tapering (KQ9)	(exp analgesia/ or exp analgesic drugs/ or exp pain management/) AND exp drug dosages/
69		((dose or dosing) and (protocol* or administration or plan* or schedule* or strategy or strategies)).mp.

Set #	Concept	Search Statement
70		(taper* or decrease* or reduc* or adjust* or titrat* or dosing or dose*).mp.
71		((taper* or decrease* or reduc* or adjust* or titrat* or dosing or dose*) and (protocol* or administration or plan* or schedule* or strategy or strategies)).mp.
72	Combine tapering sets	68 OR 69 OR 70 OR 71
73	Combine tapering and chronic pain and COT	8 AND 72
74	Combine all final sets	15 OR 22 OR 30 OR 36 OR 44 OR 59 OR 67 OR 73
75	Apply limits	limit 74 to (human and english language and yr="2009 - 2016")
76	Apply publication type limits	75 AND (trial* or study or studies or method* or review* or analysis or compar* or random* or systematic*).mp.
77		limit 75 to ("0100 journal" or "0110 peer-reviewed journal" OR "journal article")
78		75 AND (exp clinical trials/ or exp cohort analysis/ or exp followup studies/ or exp longitudinal studies/ or ((compar* or comparison or comparative) and trial*).ab,ti.
79	Combine final sets	76 OR 77 OR 78

Excerpt from Appendix A of the 2022 VA/DoD Clinical Practice Guideline (CPG): Literature Search Strategy Conducted by ECRI—Note the Omission of Search Terms for Known Harms (e.g., "dental," "hyperalgesia," "protracted withdrawal").